

# STATE OF MAINE

Name Known to Physician (a.k.a)		Department of Health and Human Services Certificate of Death						118-2015-506009 State File Number		
Decedent	1a. First Name Wayne	1b. Middle Name R.	1c. Last Name Leach	1d. Suffix << >>						
	2. Date of Death Actual date of death May 19, 2015	3. Sex Male	4. Social Security Number ████████████████████	5a. Age (yrs) 77 Last Birthday	5b. Under 1 Year Months	5c. Under 1 Day Days	5d. Under 1 Hour Hours	5e. Under 1 Minute Minutes		
	7. Birthplace Ellsworth, Maine		8. Was Decedent Ever in U.S. Armed Forces? No			9. Place of Death Nursing Home/Long Term Care Facility				
	10. Facility Name Mount St Joseph Nursing Home			11. County of Death Kennebec			12. City or Town of Death Waterville			
	13. Marital Status at Time of Death Divorced		14. Surviving Spouse/Partner		15. Decedent's Usual Occupation Truck Driver			16. Kind of Business / Industry Trucking		
	17. Education Some college credit, but no degree			18. Ancestry English			19. Race White			
	20. Residence State Maine	21. Residence County Kennebec	22. Residence City or Town Winslow			23. Residence Street and Number 70 E Palmer Road				
	24a. Parent First Name Walter		24b. Middle Name R.		24c. Last Name Prior to First Marriage Leach			24d. Suffix Unknown		
	25a. Parent First Name Madeline		25b. Middle Name Unknown		25c. Last Name Prior to First Marriage Scott			25d. Suffix Unknown		
	Informant	26. Informant Name Clark Leach			27. Mailing Address 70 E Palmer Road Winslow, Maine 04901					
Disposition	28. Method of Disposition Cremation		29. Date of Disposition May 26, 2015			30. Was Body Embalmed? No				
	31a. Place of Disposition Maine Coast Crematory			31b. Location (City or town, state) Searsport, Maine						
	32a. Signature of Funeral Practitioner or Authorized Person → <i>Dan C Adams</i> Signature Electronically Authenticated				32b. Name and Address of Facility or Authorized Person Dan & Scott's Cremation and Funeral Service (Skowhegan) 445 Waterville Rd, Skowhegan, Maine 04976					
	33a. Signature and Title of Certifier → To the best of my knowledge, death occurred at the time, date, and place, due to the cause(s) and manner as stated. → /S/ Monica Finley Certified Nurse Practitioner							33b. Date Signed May 22, 2015		
Certifier	33c. Name and Address of Certifier Monica Finley 992 Union Street, Bangor, Maine 04401							34. Was Body Viewed After Death? Not Applicable		
	35. Time of Death 05:55 PM Actual time of death		36. Manner of Death Natural					37. Medical Examiner Case Number		
									38. Part I.  Immediate Cause of Death (Final disease or condition resulting in death)  Sequential list of other conditions, if any, leading to immediate cause. The underlying cause (Disease or Injury which initiated events resulting in death) is entered last.	
Cause of Death	<ul style="list-style-type: none"> <li>→ a. Glioblastoma Due to (Or as a consequence of):</li> <li>→ b.  Due to (Or as a consequence of):</li> <li>→ c.  Due to (Or as a consequence of):</li> <li>→ d.  Due to (Or as a consequence of):</li> </ul>								Approximate Interval Between Onset and Death < 6 mo	
	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.									
	Registrar	39. Signature of Registrar → <i>Martha L Henson</i> Signature Electronically Authenticated								40. Date Filed May 29, 2015

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE ABSTRACT OR COPY OF A CERTIFICATE OR RECORD WHICH  
IS IN MY OFFICIAL CUSTODY. AUG 9 2015

**TOWN OF:**

ATTEST,

**DATE ISSUED:**

Arthur L. Heuser  
STATE REGISTRAR

